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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/716,064	
	Filing Date	11/17/2003	
	First Named Inventor	Michel GONDOUIN	
	Art Unit	3672	
	Examiner Name	Daniel P. Stephenson	
Total Number of Pages in This Submission	33	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Copy of Reference (5)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Claims 66-70 (Method)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	Claims 43-50, 54
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	- 24 Pages of Claims 43-50, 54-65 for an apparatus and Claims 66-70 for a Method.	
	- Copy of Reference (5): SPE 21779 of from which Drawing 1C of Prior Art was copied (see FIG 11), P.216 of SPE paper	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Michael GONDOUIN, a.k.a. Michel GONDOUIN	
Signature		
Date	03/14/06	

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